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HOLLIE L. BAKER
 SAIDMAN, STERNE,
 KESSLER & GOLDSTEIN
 1225 CONNECTICUT AVENUE
 WASHINGTON, DC 20036

Receipt is acknowledged of the patent application identified herein. It will be considered in its order and you will be notified as to the examination thereof. Be sure to give the U.S. SERIAL NUMBER, DATE OF FILING, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this transmittal.

Applicant(s)

CHARLOTTE A. KENSIL, MILFORD, MA; DANTE J. MARCIANI,
 HOPKINTON, MA; GERALD BELTZ, LEXINGTON, MA; CHUNG-HO
 HUNG, MILFORD, MA.

CONTINUING DATA AS CLAIMED BY APPLICANT-
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 TITLE
 SAPONIN ADJUVANT

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